

# RELEASE OF INFORMATION FORM FOR INTERNATIONAL STUDENT APPLICANTS



**Minneapolis Community and Technical College (MCTC) complies with federal and state laws and regulations. Unless required by federal or state law, no one else may review your file without your written and signed consent. Your information, including your admission status and grades, will not be shared unless you provide written and signed consent. If you want MCTC to disclose or discuss your information with someone other than yourself (e.g. sponsor or family member) you must complete and submit the information below. You have the right to inspect your own file. Our office will not release the application decision over the phone or via email to anyone, including applicants/students. Please note completion and submission of this form is optional. Completion and submission of this form means you are giving your consent freely and voluntarily and you understand the consequences of giving this consent to the party listed.**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ of  
(Print name of applicant) (Print name of person being granted consent)

\_\_\_\_\_  
Address City, State, Zip code Phone #

to be granted access to all information relating to my application for international student admission at MCTC, prior to the time that I am admitted. Such information includes application status, materials needed to complete the application, and detailed financial information. I understand that information given to me through the person named above is that person's interpretation of the information that was provided to them by the college, and that it is my responsibility to contact the college directly if I am unsure of the information presented or if I am confused by the information.

Signed,

\_\_\_\_\_  
(Signature of Applicant) (Date)

Permission to release Form I-20 (Certificate of Eligibility for Nonimmigrant F-1 Student)

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ of  
(Print name of applicant) (Print name of person being granted consent)

\_\_\_\_\_  
Address City, State, Zip code Phone #

to forward to me my Form I-20. I understand that failure to receive these documents in a timely manner after provided to the above named person is no fault of the college.

\_\_\_\_\_  
(Signature of Applicant) (Date)